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## BIB DATA SHEET

CONFIRMATION NO. 2202

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/583,186	05/15/2007 RULE	424	1645	SBHU127448	
<b>APPLICANTS</b> Stefan H.I. Kappe, Seattle, WA; Kai-Uwe C. Matuschewski, Heidelberg, GERMANY; Ann-Kristin Mueller, Dossenheim, GERMANY;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/43023 12/20/2004 which claims benefit of 60/531,479 12/19/2003 and claims benefit of 60/631,228 11/26/2004 (*)Data provided by applicant is not consistent with PTO records.					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 09/04/2007					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and <u>ALBERT MARK</u> <u>NAVARRO</u> Acknowledged <u>Examiner's signature</u>	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWINGS</b> 1	<b>TOTAL CLAIMS</b> 1	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> CHRISTENSEN, O'CONNOR, JOHNSON, KINDNESS, PLLC 1420 FIFTH AVENUE SUITE 2800 SEATTLE, WA 98101-2347 UNITED STATES					
<b>TITLE</b> Live Genetically Attenuated Malaria Vaccine					
<b>FILING FEE RECEIVED</b> 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	